FREE

FLU VACCINATIONS

FOIL THE FLU!

FOR NIH EMPLOYEES

NIH ID MUST BE PRESENTED

October 18 to November 17, 2004

Influenza is a highly contagious viral respiratory infection that is a major cause of morbidity and mortality in the USA. According to the CDC, each year 10-20% of the U.S. population becomes infected, resulting in more than 100,000 hospitalizations and more than 20,000 deaths. As a health care provider, you have a significant risk for exposure to influenza. If you become infected, the consequences of your illness may include absenteeism from work, as well as placing your patients and loved ones at risk for exposure, infection and the consequences of infection.

You can help prevent infection by receiving the yearly flu vaccine. The NIH strives to make this possible through the free annual FOIL THE FLU vaccination campaign for NIH employees. Despite yesterday's announcement of vaccine shortage, vaccinating direct care providers remains a high priority. We'll let you know if there are changes.

Direct Patient Care Providers can receive vaccine from **October 4th - October 14th** through the OMS traveling vaccination show. Please call HES at 301-496-2209 for the times and locations of the traveling vaccine show (flyers are posted on all PCU's).

All non-direct patient care staff can begin receiving vaccine **October 18th—November 17th** when the Vaccine Clinic opens in the Visitor Information Center. **Here's how to get your free vaccine!**

- The Vaccine Clinic is being held on the B1 level of the Clinical Center (Building 10, Visitor Information Center, Little Theater).
- Vaccinations will be given based on the first letter of the employee's last name. Employees who show up on the wrong day will be vaccinated but can expect a longer wait. Scheduling information can be found at www.nih.gov/od/ors/ds/flu.
- This program is for NIH employees only. An NIH photo ID card must be presented. Contractors are not eligible for the vaccine through this program.
- *PLEASE DRESS LIGHTLY*. Wear clothing that will let you quickly expose your upper arm.
- If you'd like more information, please visit the web site (www.nih.gov/od/ors/ds/flu) or call the Hospital Epidemiology Service at 301-496-2209.

Past issues of **Quick Updates** are posted at http://intranet.cc.nih.gov/nursing/jcaho/quickupdates.html.

Email your comments, suggestions, and questions to the **QU** editors at CC-NURS QU Editor.

CRIS Hot Spots

CRIS has been *LIVE* for 6 weeks, now.

Thank you for continuing to identify CRIS Hot Spots. CRIS staff are systematically reviewing submitted work requests and suggestions. As decisions are made how work will be accomplished, we will forward this information to you.

- If you need assistance using CRIS, please refer to the CRIS User Manual (online), problem-solve with a CRIS Super User, or call the CRIS Support Center (301-496-8400).

- If you discover an unanticipated problem in CRIS (incomplete printouts, missing or duplicate orders, missing items on Work List), in addition to getting help, please complete an ORS.

Med/IV Replacement Service Requisition

We continue to advise all nurses to carefully use this pathway to replace drugs that are contaminated, to replace customized IV bags that are about to complete, or to replace any drug product that has otherwise failed. Please use caution when selecting the correct patient prior to ordering a replacement. When the pharmacist receives your request, they will validate the replacement request against a medical order. If there is no medical order, the pharmacist will phone the nurse for clarification.

Releasing Hold Orders —You've told us when "hold" orders are released on newly admitted inpatients, orders are discontinuing, or Order Requisitions and Bar Code Labels are not printing. Maybe this will help . . . When a medical order is entered using the Future Outpatient/Pre-Admit session type, the order is in "hold" status until released by an authorized professional. Prior to releasing the order, please check that the patient's admission status has changed to reflect their current inpatient status. You can be confident this has occurred if the "Patient Location" indicates the correct inpatient area, ie., "5E-5E229A."

PCT/RSA and CRIS Security Rights – As of this writing, PCTs and RSAs now have the ability to document vital signs, I & Os, and heights and weights in CRIS. We are working to expand access to place some Service Requisitions. Thank-you to our PCT/RSA staff and CRIS staff for their work.

Early A.M. Specimen Collection – As of Wednesday, 10/6, the printing of bar code labels for early a.m. specimen collections has been successfully transitioned to all inpatient PCU's. Because labels print at 0300, nurses are able to start a.m. specimen collections as early as 0330 and at times convenient to our patients. This has been a team effort with DLM, OP Phlebotomy, DCRI, and NPCS. Here's a summary of the global changes made for inpatient areas:

Collection List Display (prints automatically at 0300)
- Do NOT write on the Collection List Display as there is not enough room
- The phlebotomist will NOT remove this sheet at the completion of their a.m. collections.

Unit Worksheet (nurse requests this printout via CRIS)
- Use Worksheet to communicate which patients are to be drawn by the phlebotomist
- Additional specimens to be collected by phlebotomist can be noted on the Worksheet
- Phlebotomist will take this with them at the completion of their a.m. collections to later validate that all specimens were collected as ordered.

Organizing Work
- Prior to the arrival of the Phlebotomist, please be sure that everything needed by the Phlebotomist is in 1 location, e.g., Order Requisitions, Bar Code Labels, special tubes for research sampling.

Managing Order Requisitions
- PCU's are encouraged to establish a filing system for Order Requisitions and Bar Code labels that will be needed for future collections.
- At the end of every shift, charge nurse should follow-up on outstanding Order Requisitions and Bar Code labels, discarding those that have been collected or discontinued.

Other helpful resources are posted on the DLM Website; please refer here for the most recent versions:
- Order of Draw and Guide to Collection Tube Type http://intranet.cc.nih.gov/dlm/specimenguidelines/orderdraws2.html
- Tests that Require Order Requisitions http://intranet.cc.nih.gov/dlm/specimenguidelines/Test_req_order_req.pdf
- Volumes for Chemistry Tests http://intranet.cc.nih.gov/dlm/specimenguidelines/vols_chem_web_72704.pdf

CRIS Clinical Documentation Hints
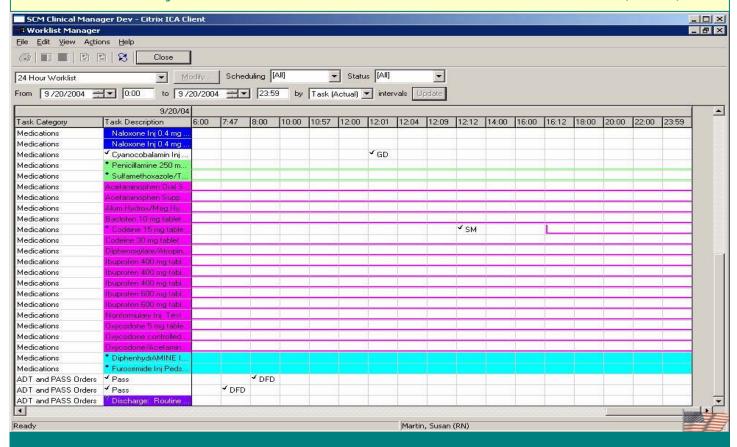
Sliding Scale Insulin

- When you document against a sliding scale insulin drug order on the Work List Manager, please remember to document the *actual dose given*. Sliding scale insulin orders are all covered under one order, unlike MIS where you had an individual order for each section of the sliding scale.

- Currently, Insulin Sliding Scale can only be ordered as a scheduled medication. This means that you should document against the drug in the Work List Manager every time it is ordered. If a patient's blood glucose does not require insulin intervention, you should document "not given" with rationale. We have submitted a request to add a "PRN" field to the Order Entry Form.

Range Dosing — Here's the fictitious situation: the medical order reads, Codeine 15 -20mg every 4 to 6 hours PRN cough (see below). At 12:12, you administer and document that you gave Codeine 15 mg. When you reassess your patient @ 12:33 and within the confines of the order, you administer a 5 mg supplemental dose. Because the PRN trough reset from the 12:12 dose, it appears you cannot document the extra dose until 16:12 . . . here's what you can do (**see p. 3 for CRIS Screen shots**):

1. Log on and go to the patient's Work List.
2. Right click on the first cell inside the PRN trough to the right of the medication that was administered and "Mark as Performed" (in this example, 16:12).
3. Change the default time to reflect the supplemental dose' actual time of administration.
4. Complete the PRN reason and click "OK."
5. Refresh on the Work List. The checkmark and your initials will display in the cell under the administration time.
6. The PRN trough will reset for the PRN interval when it can be administered again from the last task, ie., 16:33 in our example.

Nausea & Vomiting – you have reported difficulty finding the nausea/vomiting documentation screen. Please look on the Food & Fluids Flow Sheet and select the Food & Fluids Needs Observation Flow Sheet. When you select "Observations," the drop-down menu provides a variety of selections including nauseated and vomiting.

RN administered Codeine 15 mg at 12:12. The Work List reset to allow documentation of the next dose 2nd dose at 16:12. (see below)

When you reassess your patient @ 12:33 and within the confines of the order, you administer a 5 mg supplemental dose. In order to accurately the document the administration time of the supplemental dose on the Work List, take the following steps:

- Select the first available cell after the 16:12 trough and mark as done.
- When the task form opens, record the "actual dose given" (5 mg) and change the default time from 16:12 to 12:33 (the "actual time given")
- Submit and Refresh.
- The documentation displays for both 12:12 and 12:33. The Work List trough is reset 4 hours later at 16:33.